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THE PAINS AND PLEASURES OF BREASTFEEDING IN ENGLAND c.1600 to c.1800

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This essay starts from the premise that the complex links between sentiment and economy—categories all too often treated by historians as mutually exclusive—are usefully illuminated by analysis of a particular form of women’s work in the early modern past: breastfeeding. The period between the early seventeenth and early nineteenth centuries witnessed a decisive transition in attitudes towards the emotional dynamics of breastfeeding in association with the emergence of sentimental models of motherhood. This essay argues that this shift was accompanied by a recalibration of the labour-relations associated with wet-nursing and that these processes increasingly narrowed the value attached to the associated exertions of both ‘natural’ mothers and wet-nurses.

Wet-nursing has often been studied by historians in terms of its consequences for nurslings, rather than for the nurses themselves.¹ Approaching breastfeeding as a form of care-work, both paid and unpaid, sheds light on the emotional and indeed exploitative relationships between the women involved, besides the ties between feeder and infant. Current models designed to assess childcare provision afford a useful framework for exploring the emotional and physical labour involved as well as for analysing the changing value attached to care-work in association with the the eighteenth-century sentimentalisation of motherhood. This essay invokes a spectrum of care-provision structures identified by social scientists ranging from broadly associative models of ‘alloparenting’ or ‘pro-parenting’—involving reciprocal ties between care providers and biological parents, and approaching parenting as a broadly shared endeavour which might even grant ‘third-parent

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¹ The deployment of wet-nurses featured as a factor in assessing the levels and quality of parental attachment in the ‘affect debate’ between historians of the family. Cf., e.g., Lawrence Stone, *The Family, Sex and Marriage in England 1500-1800*, abridged edition (London, 1979); Linda A. Pollock, *Forgotten Children: Parent-Child Relations from 1500-1900* (Cambridge, 1983). See also Alysa Levene, *Childcare, Health and Mortality at the London Foundling Hospital 1741-1800* (Manchester, 2007). On wet-nursing as an occupation, see George D. Sussman, *Selling Mother’s Milk: The Wet-Nursing Business in France, 1715-1914* (Urbana, Ill., 1982); Valerie A. Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford, 1998); Janet Golden, *A Social History of Wet Nursing in America: From Breast to Bottle* (Cambridge, 1996). Carmen Sarasúa, ‘Leaving Home to Help the Family? Male and Female Temporary Migrants in Eighteenth- and Nineteenth-century Spain’, in Pamela Sharpe (ed.), *Women, Gender and Labour Migration: Historical and Global Perspectives* (London, 2001).

status' to care-givers—to a more exploitative, even coercive model which denies and undervalues the work of substitute 'shadow mothers' and which relies on 'care chains' that privilege the needs of more affluent women and their children at the (often very great) expense of their poorer counterparts.² It is argued here that the sentimentalisation of motherhood in eighteenth-century England involved a negative shift in the balance between reciprocal and exploitative models of care provision.

That breastfeeding comprised work was not lost on early modern commentators who approached it as a source of physical suffering as well as pleasure and reward. To the many men and few women who wrote about it, breastfeeding was perhaps the ultimate form of female 'pains-taking', combining physical effort with emotional care. According to the puritan clergyman William Gouge, breastfeeding required endurance of 'the paine of nursing' and 'tak[ing] pains in handling young children as they must be handled'. The Countess of Lincoln, in one of the earliest tracts devoted to showing that 'every woman ought to nurse her owne childe', similarly categorised breastfeeding as 'pain', 'trouble' and 'work'.³ Besides leading to all sorts of physical discomfort, such as engorged and leaky breasts, sore nipples, fatigue and sleep deprivation, the 'burden' and 'Drudgery' of breastfeeding was also associated with the 'Tediousnesses and Inconveniencies' of infant care.⁴ Not least because of beliefs that breast-milk was constituted from the same bloody matter that nurtured an infant in utero, the trouble and pain of nursing represented a continuation of women's child-bearing efforts that only began with gestation and delivery. Breastfeeding was understood as part of the broader and arduous remit of reproduction.⁵

² Sarah Blaffer Hrdy, *Mother Nature: A History of Mothers, Infants and Natural Selection* (New York, 1999); eadem, *Mothers and Others: The Evolutionary Origins of Mutual Understanding* (Cambridge, MA, 2009); E. N. Goody, 'Forms of Pro-parenthood: The Sharing and Substitution of Parental Roles', in Jack Goody (ed.), *Kinship: Selected Readings* (London, 1971), 244. Kathleen Kendall-Tackett, 'Social Connectedness Versus Mothers on Their Own', in Darcia Narvaez et al. (eds), *Ancestral Landscapes in Human Evolution: Culture, Childrearing and Social Wellbeing* (Oxford, 2014); Cameron Lynne Macdonald, 'Shadow Mothers: Nannies, Au Pairs, and Invisible Work', in Cameron Lynne Macdonald and Carmen Sirianni (eds), *Working in the Service Society* (Philadelphia, 1996), 244-63. Arlie Russell Hochschild, 'Global Care Chains and Emotional Surplus Value', in Will Hutton and Anthony Giddens (eds), *On the Edge: Living with Global Capitalism* (London, 2000), 130-46.

³ William Gouge, *Of Domesticall Duties* (London, 1622), p. 514; *The Countesse of Lincolnes Nurserie* (Oxford, 1622), 1, 17, 19.

⁴ Henry Newcome, *The Compleat Mother. Or an Earnest Perswasive to All Mothers (Especially Those of Rank and Quality) to Nurse their own Children* (London, 1695), 65, 96.

⁵ Rachel Trubowitz, '"But Blood Whitened": Nursing Mothers and Others in Early Modern Britain', in Naomi J. Miller and Naomi Yavneh (eds), *Maternal Measures: Figuring Caregiving in the Early Modern Period* (Aldershot, 2000), 82-104. See also Patricia Crawford, '"The Sucking Child": Adult Attitudes to Child Care in the First Year of Life in Seventeenth-Century England', *Continuity and Change*, i (1986), 23-52, 29-34.

Constructions of the emotional demands and work of breastfeeding varied significantly over time and according to who was doing it, especially when wet-nurses were involved. It is impossible to establish precise estimates of the proportion of infants who were wet-nursed, but very large numbers of babies drawn from the ranks of the relatively wealthy and from among the orphaned or abandoned poor were placed with nurses, minimally for the space of between one and two years and, in the case of orphans and foundlings, often for several more. According to Valerie Fildes, wet-nursing was a ‘social institution’ in seventeenth- and eighteenth-century England.⁶ The wet-nurse was not only a recognisable occupational category, she was also an object of considerable commentary and, increasingly, concern. Representations of breastfeeding in advice literature published in England between the early seventeenth and early nineteenth centuries shed light on changes in the emotional dynamics imagined between feeder, child and ‘natural’ mother. The shifting construction of wet-nursing in relation to arguments for maternal breast-feeding might be approached as another dimension of ‘the contest between luxury and morality’ explored by Paul Slack, similarly informing and being informed by ‘deeply rooted social prejudice’.⁷ Growing emphasis on the emotional capacity of mothers in contrast to that of wet-nurses (whose own motherhood was mostly effaced) inscribed divergent ‘emotional communities’ on the basis of class.⁸ It is argued here that not only did the emergent celebration of maternal pleasure inform the construction and experience of social inequality, but the naturalisation of care as an aspect of maternal devotion and as the fount of (elite) women’s happiness also eclipsed understandings of care as *work*, negating the labour of other, ‘shadow mothers’ as well as the idealised mothers themselves.⁹

In her pioneering work on infant feeding, Valerie Fildes outlined a distinct eighteenth-century shift in attitudes towards breastfeeding, articulated most clearly in debates over the relative merits of maternal feeding and wet-nursing. A central focus on the health and well-being of the child gave way from mid-century to a greater emphasis on the benefits of breastfeeding to the mother’s health and happiness. This was partly because a growing

⁶ Valerie A. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986), ch. 5.

⁷ Paul Slack, ‘The Politics of Consumption and England’s Happiness in the Later Seventeenth Century’, *English Historical Review*, cxxii (2007), 609-31.

⁸ Barbara H. Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca, 2006).

⁹ Macdonald, ‘Shadow Mothers’. See also Prophecy Coles, *The Shadow of the Second Mother: Nurses and Nannies in Theories of Infant Development* (Hove, 2015).

proportion of published advice was addressed directly to mothers—or at least to ‘genteel’ mothers—rather than more exclusively to medical care providers and male heads of households.¹⁰ However, as will be argued here, this shift also involved a subtle reconstruction of breastfeeding as an expression of love rather than as a form of work. Approaching nursing as a form of pains-taking had not precluded acknowledgement of affective ties between wet-nurse and child, whereas treating breastfeeding as a demonstration of maternal devotion was linked to growing ambivalence towards emotional labour when performed by anyone other than the mother. Deepening suspicions of wet-nursing occurred alongside a shift in the social profile of nurses and the recasting of wet-nursing as a service-role to be performed within the employer’s household. In the metropolis, at least—and it was the metropolis which provided the observation ground for medical contributions to eighteenth-century debates about maternal feeding (linked to experience of newly established institutional settings such as the Foundling Hospital and lying-in hospitals)—wet-nurses were increasingly drawn from the ranks of poor single women, often first-time mothers, many of them recruited from lying-in hospitals.¹¹ Assumptions about the social and emotional deficiencies of such women, increasingly articulated in exhortations to higher ranking women to suckle their own children, rooted the celebration of maternal instinct in the elaboration of clear class divisions. Wet-nursing became approached less in terms of ‘delegated mothering’—that is, the deployment of a surrogate to provide maternal care and attachment, who might enjoy professional recognition and even third parent status—and more in terms of exploitative care chains, whereby the nurse’s own child was firmly displaced to the advantage of the nursling who accrued ‘emotional surplus value’.¹² In addition, the recasting of breastfeeding as a site of maternal happiness rendered the provision of economically and socially essential ‘body-work’—the time-consuming, labour intensive, and emotionally demanding physical care of dependents—less visible and, paradoxically, less valued.¹³ Changing attitudes towards breastfeeding, therefore, tell a story not only of the sentimentalisation of maternal attachment,

¹⁰ Fildes, *Breasts, Bottles and Babies*. See also eadem, *Wet Nursing*; Nora Doyle, “‘The Highest Pleasure of Which Woman’s Nature is Capable’: Breast-Feeding and the Sentimental Maternal Ideal in America, 1750-1860”, *Journal of American History*, xlvii (2011), 958-73.

¹¹ Marissa C. Rhodes, ‘Domestic Vulnerabilities: Reading Families and Bodies into Eighteenth-Century Anglo-Atlantic Wet Nurse Advertisements’, *Journal of Family History*, xl (2015), 39-63.

¹² Coles, *Shadow of the Second Mother*; Macdonald, ‘Shadow Mothers’; Hochschild, ‘Global Care Chains’, 130-46.

¹³ On ‘bodywork’ see Mary E. Fissell, ‘Introduction: Women, Health, and Healing in Early Modern Europe’, *Bulletin of the History of Medicine*, lxxxii (2008), 1-17; Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven, 2009). See also Carol Wolkowitz, ‘The Social Relations of Body Work’, *Work, Employment and Society*, xvi (2002), 497-510.

but also of a shift in the labour relations of care provision which contributed to the dynamics of class formation besides the reformulation of gender inequality.¹⁴

IDEALISING THE WET NURSE

Despite growing advocacy of maternal feeding from the early seventeenth century, particularly in devotional tracts, the wet-nurse was nonetheless represented as a respected occupational category in seventeenth-century printed medical discourse and domestic conduct literature. Authors of both genres routinely assumed that the infants under their readers' care would be put out to nurse, and devoted much more space to the choice of a wet-nurse than to arguments for maternal feeding. The ideal wet-nurse was represented as the physical epitome of healthy womanhood. Discussions of the qualities required in wet-nurses offer a rare example of the humoral differentiation of women on the basis of age and complexion—a privilege commonly reserved for the treatment of men in medical tracts (with women usually lumped together as a colder, wetter, deviant variation of manhood).¹⁵ Partly derived from the ancient Greek physician Soranus, the elaboration of the qualities required in a wet-nurse were founded on the privileging of a sanguine bodily ideal—that is, the healthiest of the four complexions delineated by humoral theory. According to the French physician Jacques Guillemeau, whose ideas circulated in English translation from the early seventeenth century, the ideal nurse was aged between 25 and 35, and was 'temperate, healthfull, strong, and lusty'. Her body was 'of a middle stature, neither too bigg, nor too little, nor too fat, nor too leane, nor yet too grosse, having good fleshie armes and legges'. A rosy complexion was best and the nurse's hair would ideally be chestnut in colour—and certainly not red, which was indicative of a choleric or fiery temper. Her countenance should be 'pleasing', featuring 'a bright and cleare eye' and a well-formed nose, 'a ruddy mouth, and very white teeth'. Besides a 'strong and big necke' she needed 'a broad and large breast', with sufficiently thick, strawberry coloured nipples. Like her body, her mind should also be even-tempered,

¹⁴ On the later eighteenth-century sentimentalisation of motherhood, see Beth Fowkes Tobin, "'The Tender Mother': The Social Construction of Motherhood and the *Lady's Magazine*", *Women's Studies*, xviii (1990), 205-21; Jennifer J. Popiel, 'Making Mothers: The Advice Genre and the Domestic Ideal, 1760-1830', *Journal of Family History*, xxix (2004), 339-50.

¹⁵ Gail Kern Paster, 'The Unbearable Coldness of Female Being: Women's Imperfection and the Humoral Economy', *English Literary Renaissance*, xxviii (1998), 416-40; Alexandra Shepard, *Meanings of Manhood in Early Modern England* (Oxford, 2003), ch. 1. See also Mark S. Dawson, 'First Impressions: Newspaper Advertisements and Early Modern English Body Imaging, 1651-1750', *Journal of British Studies*, l (2011), 277-306.

since unchecked passions could damage milk quality. She was required to be ‘sage, wise, [and] discreet’ in character, as well as ‘mild’ and ‘merry’. Her own child should be healthy, having been carried to full term, and she herself should ‘come of a good stocke, or kindred’ with no stain ‘either in body or minde’ on any of her ‘race’.¹⁶

Such advice was reiterated throughout the seventeenth century and bequeathed traces into the early eighteenth century. In the mid-seventeenth century, the medical writer Nicholas Culpeper—who remained neutral about whether a child was ‘better nourished by the Mother or by a Nurse’—recommended to those seeking a nurse to look for ‘good habit of body, and red complexion, which is the sign of the best temper’ and one who was ‘well bred, and peaceable’, with ‘well fashioned breasts with good Nipples, that the child may take them with pleasure’.¹⁷ Echoing a sentiment first articulated in print in Robert Burton’s *Anatomy of Melancholy*, the midwife Jane Sharp suggested in her midwifery manual (which remained in print until 1725) that a nurse with ‘a good Complexion, and Constitution’, might actually be *preferable* to a mother with an ‘ill complexion’.¹⁸ Sharp’s evocation of the ideal nurse conjured a similarly reassuring image of female vitality:

[S]he is of a mean stature, not too tall, nor too low; not fat, but well flesht, of a ruddy, merry, cheerful, delightsome countenance, and clear skin’d, that her Veins appear through it; her hair is in a mean between black, and white and red, neither in the extream, but a light brown, that partakes somewhat of them all: Such a woman is sociable, not subject to melancholy, nor to be angry and fretful; nor peevish and passionate; but jovial, and will Sing and Dance, taking great delight in children¹⁹

Such wholesome images of the ideal nurse represented her as not only physically suited to the task of feeding but also emotionally qualified to provide even-tempered nurture and to establish a loving bond with her nursling. The requirement of good teeth and sweet-smelling

¹⁶ James Guillemeau, *The Nursing of Children*, contained within *Child-birth, Or, the Happy Delivery of Women* (London, 1635), 2-5.

¹⁷ Nicholas Culpeper, *Culpeper’s Directory for Midwives: Or, A Guide for Women. The Second Part* (London, 1662), 225-6.

¹⁸ Jane Sharp, *The Midwives Book. Or the Whole Art of Midwifery Discovered. Directing Childbearing Women how to Behave Themselves* (London, 1671), 362. Robert Burton, *Anatomy of Melancholy* (London, 1621), argued that a well-chosen wet nurse could correct a child’s ‘ill-disposed temper’ inherited from its parents. Culpeper also argued that an infant could benefit from a nurse with a ‘better temper’ than its own mother, *Culpeper’s Directory*, 226.

¹⁹ Sharp, *Midwives Book*, 364.

breath in a prospective wet-nurse was to avoid exposure to air corrupted by a nurse's bad breath 'because...she will be often kissing the Child'.²⁰ As Sharp observed, 'some nurses are as fond of their nurse Children as if they were their own'.²¹

In such positive portrayals, the affective ties between wet-nurse and infant were reciprocal; indeed, most authors placed more emphasis on the love a nurse inspired in her charge than vice versa. The ideal wet-nurse was represented as inspiring delight and pleasure in her nursling, even within the context of advice that mothers should undertake nursing themselves. In his preface 'to the Ladies', Guilleméau exhorted mothers to take heed of the attachment of a child to its nurse as worthy of emulation.²²

He playes a number of apish tricks about her, he kisseth her, strokes her haire, nose; and eares, he flatters her, he counterfeits anger and other passions, and as he groweth bigger he finds other sports with her, which causeth that they beare one anothe such an affection as cannot be expressed... When he is bigge, and comes to be weaned, if one chides his nurse he cries, and stamps; and if one offers to take him out of his Nurses armes, he will flie in their faces, and if it were possible he would even put out their heart: & all this proceeds from that inward affection of the childe, to which no love can bee compared.

According to Guilleméau, the love inspired by breastfeeding—no matter who did it—had no match: the act of feeding forged affective ties that should not be relinquished by 'natural' mothers. Mothers were admonished not only with Biblical precedent, establishing their divinely ordained duty to suckle their infants, but also with examples of classical heroes whose devotion to a 'nurse-mother' was greater than their loyalty to their natural mother.²³ This idea was so commonplace that it bridged international and confessional divides. The puritan clergyman William Gouge similarly cautioned mothers that 'many who haue sucked others milke...loue those nurses all the daies of their life'.²⁴ Indeed, according to Sharp, in adulthood nurslings were obliged to show gratitude to their nurses and to 'requite their great

²⁰ Thomas Dawkes, *The Nurse's Guide: Or Short and Safer Rules for the Management of Women of Each Rank and Condition in Child-Bed* (London, 1744), 51.

²¹ Sharp, *Midwives Book*, 365.

²² Guilleméau, *Nursing of Children*, sig. li3r-v.

²³ *Countesse of Lincolnes Nurserie*; Guilleméau, *Nursing of Children*; *The Mothers Looking-Glass: Or, The Concurrent Judgement of the Learned... Whether the Mother be Obligated to Give the Child its First Nourishment, by Giving it Suck Her Self?* (London, 1702).

²⁴ Gouge, *Of Domesticall Duties*, 512.

care and pains' by ensuring they were well provided for in later life.²⁵ It was a source of regret to the clergyman Henry Newcome that 'Foster-Children are more dear to their Nurses than their Mothers', and he also acknowledged that wet-nursing environments created strong attachments between 'foster-siblings' who were bonded by 'Streams of Love from the common Fountain of the Breast'.²⁶ *The Ladies Library*, in its fifth edition, similarly cautioned that putting a child out to nurse involved the transfer of 'endearment' from mother to nurse, which was of such strength and durability that it was 'as if the *Nurse* was the true *Mother*, and the true *Mother* a meer *Stranger*'.²⁷

While seventeenth-century and early eighteenth-century authors devoted some discussion to the social status of wet-nurses, it was not nearly as negatively represented as in later eighteenth-century prescription. Advising her well-to-do readers, Jane Sharp (like Guillemeau before her) imagined the ideal nurse to be 'well bred', adding that she should have had 'good Education' and be 'of ability to live well' with 'no want'.²⁸ In other discussions, the imagined good health of the idealised nurse could outweigh concerns about her lower rank. Alongside expressing a preference for the benefits of country air, some authors even implied that a robust 'country woman' was physically superior to many a delicate gentlewoman, and more fit for the task of feeding. Women who had been brought up 'in Labor, hard Lodging, slender Dyet' were 'hardened against Cold and Heat' and well able to withstand the demands of 'giving suck'. Such 'robust women...accustom'd to Hardship and much laborious Exercise' were deemed to have an entirely different constitution than those of a 'more tender and delicate Make'.²⁹ Indeed, it was on the basis of their relative strength and simplicity of life that such women were at least indirectly commended for producing healthy stock, compared with the enervated weaklings spawned by the rich. William Cadogan founded his advice to the wealthy on the traditional view that 'Health and Posterity are the Portion of the Poor, I mean the laborious'. Although he acknowledged the benefits of 'the wholesome Milk of a healthy Nurse', he advised 'People of good Sense and easy Circumstances' to imitate the simple regimen necessitated by the 'Want of Superfluity' among the poor rather than commit their infants to the care of another woman, no matter how

²⁵ Sharp, *Midwives Book*, 365.

²⁶ Newcome, *Compleat Mother*, 61.

²⁷ *The Ladies Library*, 3 vols, II (London, 1739), 140.

²⁸ Sharp, *Midwives Book*, 364.

²⁹ *Mothers Looking-Glass*, 7; Dawkes, *Nurse's Guide*, p. 17. See also Robert Barret, *A Companion for Midwives, Child-Bearing Woman, and Nurses* (London, 1699), 16.

healthy and strong.³⁰ While it did not advocate the deployment of poorer women as wet-nurses (particularly by the mid-eighteenth century) such commentary retained assumptions that they were both innately suited to breastfeeding, and developed superior skills as nurses, if only as a consequence of having little other option than to suckle their own children.

‘Nursing’ involved much more than milk-provision; it required round-the-clock care.³¹ Even the basics—such as regularly wiping an infant’s eyes with linen or silk, stroking its belly to ease urination, and placing and swaddling its limbs—required time and careful attention. Thomas Raynolde’s description of swaddling (drawn from his frequently reprinted translation of Eucharius Rösslin’s pioneering sixteenth-century tract on midwifery, and later reiterated by Jane Sharp) detailed the skill and tenderness required in the nurse who he assumed performed it.³²

when the Infant is swaddled and laid in the Cradle the Nurse must giue all diligence and heede that she bind euery part aright, and in his due place and order, and that with all tendernesse and gentle entreating, and not crookedly & confusedly, the which also must be done oftentimes in the day

Guides to nursing also listed myriad ailments and diseases to which infants were acutely vulnerable, detailing complex remedies with numerous ingredients to be prepared by wet-nurses, and providing a fleeting impression of the labour-intensive ‘body work’ associated with the consequences of fever, drool, rashes, swellings, worms, vomit, and diarrhoea which intensified the routine requirements of keeping an infant comfortable, clean and dry. In many cases, remedies for illness involved alteration to the wet-nurse’s diet rather than direct treatment of the child.³³ In addition, nurses were expected to rock, dance, and sing with their

³⁰ William Cadogan, *An Essay Upon Nursing and the Management of Children, From their Birth to Three Years of Age* (London, 1748), 7, 23-4. See also George Cheyne’s advocacy of a simple, vegetarian diet, *The Natural Method of Cureing the Diseases of the Body, and the Disorders of the Mind* (London, 1742). On the relationship between food consumption and social status more generally, see Adam Fox, ‘Food, Drink and Social Distinction in Early Modern England’, in Steve Hindle, Alexandra Shepard and John Walter (eds), *Remaking English Society: Social Relations and Social Change in Early Modern England* (Woodbridge, 2013).

³¹ On the all-purpose category denoted by the term ‘nurse’, see Margaret Pelling, ‘Nurses and Nursekeepers: Problems of Identification in the Early Modern Period’, in eadem., *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London, 1998), 179-202.

³² Thomas Raynald, *The Birth of Man-kinde; Otherwise Named, The Womans Booke* (London, 1634), p. 155. This advice was repeated in Sharp, *Midwives Book*, 372-3.

³³ Guillemeau, *Nursing of Children*; Barret, *Companion for Midwives*, section III; *The Nurse’s Guide: Or, the Right Method of Bringing Up Young Children* (London, 1729); Dawkes, *Nurse’s Guide*. See also Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford, 2012).

nursling, and ensure that the baby received sufficient air and exercise. The work described in such manuals involved skill, time, and energy besides the physical qualification of having a good supply of milk. It was the extent of attention a nursling required, rather than the lower status of the nurse *per se*, that underpinned the few seventeenth-century expressions of concern about the relative poverty of wet-nurses, since women burdened with other duties would be unable to spend sufficient time with their nurslings. William Gouge, for example, worried that the ‘poore countrie women’ commonly chosen as nurses had ‘much worke to doe, and little helpe’, inducing them to leave infants to lie and cry for long periods of time.³⁴ Such problems might be corrected with adequate levels of pay, however, which was the possible incentive behind Jane Sharp’s advice that clients ensured wet-nurses were ‘well rewarded’ for their ‘care and pains’.³⁵ On the whole, seventeenth-century medical tracts clearly expected nursing to be time-consuming and demanding work, and assumed that nurses would devote themselves tirelessly to an infant’s care and be ready and willing to undertake feeding on demand night and day.³⁶ In such a context there was little doubt that this was work requiring knowledge, experience (the ideal nurse had already had at least two children of her own), and time-intensive dedication: it was not represented as a source of easy earnings for the desperate or minimally invested.

This skilled occupation of wet-nursing was undertaken by many women, and was, according to Fildes, akin to a ‘cottage industry’.³⁷ When contracted by private families, wet-nurses were relatively well remunerated. Even when commissioned by the parish or by the London Foundling Hospital from 1741, the opportunity to provide care for a child within their own domestic setting apparently offered an attractive option to the women who supplied the necessary labour, which secured a significant contribution to their household earnings. Wet-nurses were mostly drawn from ‘the lower, but not the poorest, classes of rural society’, and, where identifiable, included wives of artisans, physicians and yeomen.³⁸ One even enjoyed the honorific ‘Mistress’, suggesting that wet-nursing was not out of the question for the middle ranking.³⁹ The wet-nurses employed in the early seventeenth century by Sir Roger

³⁴ Gouge, *Of Domesticall Duties*, 512.

³⁵ Sharp, *Midwives Book*, 365.

³⁶ Fildes, *Breasts, Bottles and Babies*, 122.

³⁷ Valerie Fildes, ‘The English Wet-nurse and her Role in Infant Care 1538-1800’, *Medical History*, xxxii (1988), 142-73.

³⁸ Fildes, *Breasts, Bottles and Babies*, p. 163; Fildes, ‘English Wet-nurse’, 150.

³⁹ Fildes, ‘English Wet-nurse’, p. 150. On the use of the term ‘Mistress’ to denote status, see Amy L. Erickson, ‘Mistresses and Marriage: Or, a Short History of the Mrs’, *History Workshop Journal*, lxxviii (2014), 39-57.

Townshend of Raynham, Norfolk, received £10 for a year's nursing, besides generous christening gifts which customarily formed a valuable perquisite for wet nurses as well as midwives. The wages paid by Townshend were equivalent to the annual stipend of upper level *male* servants in gentry families. Wet-nursing could establish and consolidate ties of patronage between gentry families and their tenants, and in such circumstances represented a respected as well as a highly rewarded undertaking.⁴⁰ The connections between employers and providers, as well as between nurse and child, may well have been enriched by the nursing relationship, and it is not impossible to imagine circumstances in which such 'delegated mothering' earned the nurse 'third-parent status' in terms of some acknowledgement of her significance to a child's physical and emotional well-being.⁴¹

It would be wrong, of course, to provide an overly positive image of wet-nursing as either imagined or practised England's long seventeenth century. Even the most assured evocations of the optimal nurse occurred alongside warnings about the many pitfalls associated with putting out an infant. It was a commonplace that the baby imbibed the characteristics, and any 'ill manners' of its nurse, along with her milk.⁴² A child risked receiving 'bad conditions and inclinations' from a wet nurse, along with her 'faults and vices', and a 'polluted' nurse might 'communicate some imperfections of her body'—not least the French Pox.⁴³ When recommending the selection of a nurse 'of a strong constitution', the physician John Pechey detailed the gruesome alternatives, cautioning that 'she must not have rotten Teeth, nor a stinking Breath, nor be affected with Scabs, Ulcers, the French-Pox, Gout, Consumption, or any other Disease'.⁴⁴ Such comparisons conjured unsettling deviations from the vision of the hale and hearty country woman.

Even when the nurse appeared to meet the required physical criteria, judgements about her capacity to fulfil the task depended on an extraordinary degree of trust that

⁴⁰ Linda Campbell, 'Wet-Nurses in Early Modern England: Some Evidence from the Townshend Archive', *Medical History*, xxxiii (1989), 360-70, p. 364; Jane Whittle and Elizabeth Griffiths, *Consumption and Gender in the Early Seventeenth-Century Household: The World of Alice Le Strange* (Oxford, 2012), pp. 170-4.

⁴¹ Coles, *Shadow of the Second Mother*; Macdonald, 'Shadow Mothers'. On the formalization of patronage ties through foster care in early modern Celtic societies, see Peter Parkes, 'Celtic Fosterage: Adoptive Kinship and Clientage in Northwest Europe', *Comparative Studies in Society and History*, xlviii (2006), 359-95; Janay Nugent, "'Your louing childe and foster': The Fostering of Archie Campbell of Argyll, 1633-39, in Janay Nugent and Elizabeth Ewan (eds), *Children and Youth in Premodern Scotland* (Woodbridge, 2015).

⁴² Sharp, *Midwives Book*, 363.

⁴³ Guillemeau, *Nursing of Children*, sigs. li2v, li4.

⁴⁴ John Pechey, *A General Treatise on the Diseases of Maids, Bigbellied Women, Child-bed-women, and Widows* (London, 1699), 184.

generated uneasiness within advice literature. Despite the physically intrusive tests devised for potential employers to inspect the quality of a nurse's milk, it was impossible to establish whether she had sufficient supply.⁴⁵ The Countess of Lincoln warned against 'dissembling in nurses, pretending sufficiency of milke', and Guillemieu warned against 'Cozeners' who gave the child water to drink 'in secret' in order to give the impression that the infant had received a good feed.⁴⁶ Wet-nurses were expected to follow a moderate diet, refrain from strong drink, and take sufficient exercise to keep themselves (and thereby the infant) healthy. They were also required to abstain from sexual intercourse and should not be menstruating, both of which risked polluting a lactating woman's milk. All of these regulations were, of course, nigh on impossible for employers to police.

Finally, concerns were expressed about the dangers of a nurse's negligence—attributed either to her being over-burdened with other duties or to laziness or ignorance. The Countess of Lincoln attributed the death of 'one or two' of her 'little Babes' (of which she bore 18) to nurses who had been 'most wilfull, most forward, and most slothfull'.⁴⁷ Some proponents of maternal feeding argued that a nurse's care was unlikely to match the devoted ministrations of a mother. Pechey declared that 'none can love the Child so well as the own Mother, who upon the account of her affection is unwearied in the attending of the Child, and think she never does enough for it'.⁴⁸ This was in stark contrast to the nurse imagined by Barret who, rather than being 'diligent and careful' spent her time 'huffing and bouncing about', not minding her charge who might remain inert for 'half a Day in a wet Condition, starving and crippling'. He advised mothers to 'take care to surprize Nurses at their own Houses, when they are not aware' in order to guard against such abuses.⁴⁹

Barret nonetheless confirmed that the wet-nurse who observed his rules and who 'manage[d] her infants neatly' was 'in a fair way of having Lusty Children', thereby admitting the prospect of nurses providing good quality care. The fears surrounding the delegated mothering provided by wet-nurses did not discount the comforting possibility of a

⁴⁵ On tests designed to assess the reproductive status of women's bodies more generally, see Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, 2003).

⁴⁶ *Countesse of Lincolnes Nurserie*, p. 18; Guillemieu, *Nursing of Children*, p. 7. Barret also condemned nurses for the 'Wickedness' of 'pampering and stuffing Children, to make 'em look full and bloated', *Companion for Midwives*, 108.

⁴⁷ *Countesse of Lincolnes Nurserie*, 18.

⁴⁸ Pechey, *General Treatise*, 182.

⁴⁹ Barret, *Companion for Midwives*, 79.

nurturing relationship that served the child's well-being. While it is possible that the image of the wholesome country nurse was itself a fantasy designed to assuage parental concerns associated with placing out infants, it was a positive image nonetheless. Assuming wet-nursing to be the norm, seventeenth- and some early-eighteenth-century medical tracts included and elaborated on this positive ideal in ways which outweighed their warnings—sometimes admitting the physical superiority of lower-ranking women, recognising the expertise and skill associated with professional nurses, and acknowledging their capacity to form meaningful attachments with their charges in ways which might even be likened to the bonds deemed characteristic of motherhood.

MERCENARY NEGLECT AND MATERNAL AFFECTION

Concerns about the corrupting influence of nurses were articulated much more emphatically from the turn of the eighteenth century and, by mid-century the hard-hearted and potentially dangerous wetnurse had become a dominant stereotype in advice to mothers. In conjunction with the emergent cults of sensibility and domesticity, the character attributes of the nurse were increasingly called into question; anxieties were focussed less on potential physical and constitutional defects, and more on the nurse's moral and emotional deficiencies.⁵⁰ Rather than being approached as a deviation from the ideal—which, authors had previously implied, was achievable—problematic nurses were increasingly represented as symptomatic of the system and not merely the consequence of poor choice. All this was coupled with mounting pressure on higher ranking women to undertake maternal feeding, both for their own health benefits, and in conjunction with a growing insistence that a mother's care was not replicable by any other.

In his attempt to 'oppose [his] weak Arms against such a mighty Current', and persuade mothers 'of rank and quality' to nurse their own children, the clergyman Henry

⁵⁰ Toni Bowers, *The Politics of Motherhood: British Writing and Culture, 1680-1760* (Cambridge, 1996); Eileen Janes Yeo, 'The Creation of "Motherhood" and Women's Responses in Britain and France, 1750-1914', *Women's History Review*, viii (1999), 201-18; Kate Retford, *The Art of Domestic Life: Family Portraiture in Eighteenth-Century England* (New Haven, 2006), ch. 3; Joanne Bailey, 'Reassessing Parenting in Eighteenth-Century England', in Helen Berry and Elizabeth Foyster (eds), *The Family in Early Modern England* (Cambridge, 2007). See also Katie Barclay, 'Emotional Lineages: Blood, Property, Family and Affection in Early Modern Scotland', in Alicia Marchant (ed.), *A History of Heritage: Emotions in Blood, Stone and Land* (forthcoming, Routledge, 2017).

Newcome was quick to condemn both wet-nurse and mother for the custom of putting children out to nurse. Newcome depicted both women in this relationship as placing their own self-interest above the needs of the child. It was a disgrace, in Newcome's view, that children of the nobility and gentry were more poorly provided for than the 'Sons of *Country Peasants*':

The *Poor Tenants Child* is for the most part nursed in its *own Mothers* Bosom, and cherished by her Breasts, whilst the *Landlord's Heir* is turn'd out, exil'd from his Mothers embraces as soon as from her Womb, and assigned to the Care of some Stranger, who hath no other Endearment toward it, than what are owing solely to her interest.⁵¹

The wet-nurse was cast by Newcome as a 'Mercenary' to whom an infant's welfare was only a secondary goal serving her primary pursuit of collecting her wages and perquisites. The 'mercenary' nurse could not match a mother's care, nor display the 'Natural Affection' that obliged the 'greatest Ladies' as well as 'the meanest Beggar' to observe 'the Law of Love'. Newcome did not entertain the possibility that a nurse could be furnished with skills that a mother might lack; he also suggested that a disparity in social status between mother and nurse endangered the nursling. Far from compensating for the delicate constitution of a 'Fine and Tender' body, a 'robust' nurse 'of a coarser allay' risked providing unsuitable nourishment, detrimental to the infant's digestion. The comforting image of the wholesome country nurse was offset in Newcome's tract by the threat of 'a stupid Nurse', characterised by 'Peevishness, ...Lust, ...Pride, ...Stubbornness or Baseness', vices which were likely to be transferred to the nursling.⁵²

Such sentiments became more firmly entrenched in advice to mothers by the mid-eighteenth century. An issue of *The Spectator* in 1757, dedicated to presenting the case for maternal feeding, suggested the likelihood that 'ten thousand to one' a wet-nurse would be 'neither in health nor good condition, neither sound in mind nor body', lacking honour and reputation, and feeling 'neither love nor pity for the poor babe' having 'more regard for the money than for the child'. Women only took in children to nurse through desperation, often as a result of having 'an ill husband' which required them to 'make shift to live'. As a result,

⁵¹ Newcome, *Compleat Mother*, 6-7.

⁵² Newcome, *Compleat Mother*, 7, 39, 42, 70-1, 78, 82.

infants were at risk not only from the nurse's 'gross humours' but also from her husband's disease'.⁵³ Nor could employers prevent an infant's exposure to such risks from other women in the nurse's milieu. *The Nurse's Guide*, published by 'an Eminent Physician' in 1729, opined:⁵⁴

Care ought to be taken that a Child should not be too often with those old Women, who, with their hollow-clouded Eyes, their Cheeks all over Wrinkles, their saffron, livid, or lead-colour Countenances, are able to fright him, and by those malignant Vapours that proceed from their corrupted Lungs, their rotten Teeth, and their mouldy Brains, are able to give him a Consumption; particularly those poor Creatures that live in little Cottages, full of Filth and Nastiness, and who never eat any Thing that is good or wholesome.

Such a spectre was the antithesis of the robust country woman whose reassuring image was increasingly over-ridden by fears of pollution rooted in misogyny and social prejudice.

George Armstrong, MD, advised in 1771 that it would actually be better to bring up an infant by hand—that is on an often lethal diet of 'pap' (generally concocted from flour and cow's milk or water)—than entrust it to an 'ailing nurse, or one that has not a sufficient quantity of milk'. By 1781, another physician remarked that 'the difficulty that attends getting good wet nurses, and the danger attending bad ones, induce many to prefer bringing up a child with the spoon'—although he subsequently conceded that in particular cases 'the fullest faith and confidence' could indeed be placed in a nurse drawn from the stock of 'robust country women' of a sober and virtuous character.⁵⁵ Nonetheless, the frequent use of the term 'stranger' to refer to wet-nurses highlighted the extent to which infants depended on blind trust (implicitly unwarranted) between employer and employee which opened up enormous scope for negligence and abuse. Nurses were increasingly represented as ignorant, deploying outdated techniques and unwitting of professional expertise. According to Cadogan, nursing and child management had been 'too long fatally left to the Management of

⁵³ *The Spectator*, no. 246, 12 Dec 1757.

⁵⁴ *Nurse's Guide*, pp. 55-6. On fears surrounding the bodies of older women, see Lyndal Roper, *Witch Craze: Terror and Fantasy in Baroque Germany* (New Haven, 2004).

⁵⁵ George Armstrong, *An Account of the Diseases Most Incident to Children...To Which is Added, An Essay on Nursing* (London, 1783), p. 154; William Moss, *An Essay on the Management and Nursing of Children in the Earlier Periods of Infancy* (London, 1781), 56, 133, 364.

Women, who cannot be supposed to have proper Knowledge to fit them for such a Task'.⁵⁶ Infant care should be provided in the home by mothers, under the close supervision of their husbands, and guided by medical men.

Warnings to readers became more routinely inflected with social intolerance as well as a distrust of women, with concerns about the dangers of a nurse's 'vulgar prejudices', and the risks associated with a 'dirty nurse'.⁵⁷ Nurses were also more commonly portrayed as guilty of wilful neglect. Michael Underwood, a man-midwife serving the British Lying-In Hospital, condemned 'idle nurses' for their use of 'contrivances' designed to encourage infants to walk prematurely, thereby affording those 'who are obliged to work for their bread' more time to attend to their other concerns. Such a nurse, who had the capacity to hear a baby's cry 'with calmness...without attempting to pacify it', was a 'monster in human shape', unfit to be trusted with the care of 'a tender, helpless creature'.⁵⁸ Other forms of negligence included malnutrition, concealment of injury, inappropriate dosing with medicines and sleeping draughts, and the mistreatment of rashes and diseases, all of which risked fatalities.⁵⁹ The nurse's relative deprivation was increasingly represented as problematic (rather than as the guarantor of a healthy regimen), rendering nurslings at risk from 'all the inconveniences and evils attendant on poverty' such as 'a cold and dirty habitation'.⁶⁰ The reassuring fantasy of the skilled and robust country woman, which had perhaps served to allay concerns generated by high infant mortality, was by this point effaced by the monstrous spectre of careless abuse which was designed to stoke parental fears.⁶¹

Occasionally such concerns admitted another shadowy figure: the wet-nurse's own infant. Motives of 'hirelings' were suspect because they were willing to relegate the care of

⁵⁶ Cadogan, *Essay Upon Nursing*, p. 3. See also Christina Hardyment, *Dream Babies: Child Care from Locke to Spock* (London, 1983), ch. 1; Lisa Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britain* (Oxford, 2005).

⁵⁷ Esther Copley, 'Early Management of Infants', in *The Young Mother; or Affectionate Advice to a Married Daughter* (London, [?1840]), reprinted in *British Family Life, 1780-1914*, vol 3, ed. Susan B. Egenolf (London, 2013), p. 139; William Buchan, *Domestic Medicine: Or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London, 1772), 41.

⁵⁸ Michael Underwood, *A Treatise on the Diseases of Children, with Directions for the Management of Infants from the Birth* (London, 1784), 281, 286-7.

⁵⁹ See, e.g., Buchan, *Domestic Medicine*, 39-42.

⁶⁰ Ben Lara, *An Essay on the Injurious Custom of Mothers not Suckling Their Own Children; with Some Directions for Chusing a Nurse, and Weaning of Children* (London, 1791).

⁶¹ On infant mortality rates, see Richard Smith and Jim Oeppen, 'Place and Status as Determinants of Infant Mortality in England c. 1550-1837', in Eilidh Garrett, Chris Galley, Nicola Shelton and Robert Woods (eds), *Infant Mortality: A Continuing Social Problem* (Aldershot, 2006).

their own children in pursuit of wages for tending to the needs of others. *The Ladies Library* cautioned that it was unlikely that a nurse ‘who by this Course is first made to be unnatural to her own *Child*’ would have any ‘great Care and Tenderness for a *Child* which is not her own’.⁶² Advocates of maternal feeding occasionally recognised that wet-nursing might have constituted a mother’s attempt to secure the needs of her child(ren) through generating an income. However, its attribution to ‘wretched necessities’ hardly excused a nurse’s willingness to ‘desert her own infant, and take another at her breast’.⁶³ Such impulses were, of course, more commonly ascribed to the self-interest of the nurse than to the readiness of wealthier women to exploit the reproductive labour of women ‘of meaner Birth and Fortunes’.⁶⁴ This was in contrast to the Countess of Lincoln’s astute (and highly unusual) observation in the early seventeenth century that by employing a stranger who is willing ‘to *estrangle* herselfe from her *owne child*, to giue sucke to the *nurse-child*’ a gentlewoman became ‘*accessory* to that disorder of causing a *poorer woman* to *banish* her *owne infant*, for the entertaining of a *richer womans child*’. By bidding a nurse ‘to *vnloue* her *owne* to *loue yours*’, the genteel readers to whom this tract was directed were hiring others ‘to doe your *owne worke*’.⁶⁵ For the most part, however, the care chains involved in wet-nursing remained unacknowledged beyond being invoked in the condemnation of nurses’ mercenary interests and ‘unnatural’ characters. Medical authors continued to recommend quite dispassionately that the younger a wet-nurse’s milk the better, without reference to the consequences for her own infant (presuming it remained alive) of being deprived of her breast a matter of weeks after its delivery. Thomas Dawkes even argued that a wet-nurse might begin her duties as little as 14 or 15 days after having given birth herself.⁶⁶

Wealthier mothers were far more often derided for neglecting their natural duty to suckle their children than for exploiting other women’s desperation, and in this line of argument genteel women were also criticised for pursuing their self-interest above the needs of their children, albeit in rather different terms. Women employed in trade who sought nurses for their children were occasionally represented as pursuing pecuniary motives of their

⁶² *Ladies Library*, 140.

⁶³ Hugh Smith, *Letters to Married Women, on the Nursing and Management of Children*, 6th edition (London, 1792), 74.

⁶⁴ Newcome, *Compleat Mother*, 55.

⁶⁵ *Countesse of Lincolnes Nurserie*, 18-19, original emphasis.

⁶⁶ Dawkes, *Nurse’s Guide*, 49. See also Lara, *Essay on...Mothers Not Suckling Their Own Children*. Most authors recommended three months as the optimum. See, e.g., *Essay on the Management and Nursing of Children*, 134; James Nelson, *Essay on the Government of Children* (London, 1753), 63.

own. According to Henry Newcome, it was ‘avarice’ that induced the ‘Trading part of the Nation’ to place out their infants, since ‘[t]he Nursing of a Child is looked on as too great a Confinement to the Wife, who by her Inspection over the Houshold Affairs, or Attendance in the Shop, may save her Husband much more than the Hire of a Nurse amounts to.’⁶⁷ Writing a century earlier, William Gouge, also dismissive of concerns that ‘[a] mother that hath a trade, or that hath the care of an house, will neglect much businesse by nursing her childe’, had grumbled that couples sent their children out to nurse because ‘they can haue a childe cheaper nursed abroad then at home, where, at least, they must hire a maid the more’.⁶⁸ The wet-nurse provided an attractive package combining milk and the demands of infant care, that was more than offset by a mother’s continued contribution to her household economy.⁶⁹

However, from the mid-eighteenth century, criticism was more exclusively directed against elite women who privileged their own leisure and comfort above the well-being of their offspring. Rather than a product of penny-pinching, or of the demands of combining women’s business activities with reproductive labour, this was self-interest born of vanity, indolence and pride connected with the pursuit of ‘fashion’. Its condemnation formed part of wider anxieties that linked the vice of luxury with female consumption.⁷⁰ Richard Allestree scorned women who ‘immoderately love their own Plesures’, regarding their children as ‘Clogs to keep them within doors’, turning them off to the care of a nurse ‘whilst perhaps a Dog or a Monkey is thought worthy of their own attendance’.⁷¹ Many authors gave short shrift to the ‘excuses’ commonly associated with genteel women’s aversion to breast-feeding that involved a preference for leisure above maternal duty. Richard Steele’s *Ladies Library* objected to mothers ‘of the Highest Rank and Quality’ rejecting the ‘trouble’ and ‘restraints’ of breast-feeding in order to indulge their desires to spend money, go visiting, watch plays, and trifle away their nights gaming and revelling.⁷² A surgeon writing in the 1790s

⁶⁷ Newcome, *Compleat Mother*, 94.

⁶⁸ Gouge, *Of Domesticall Duties*, 515, 518.

⁶⁹ Mary E. Fissell, ‘Remaking the Maternal Body in England, 1680–1730’, *Journal of the History of Sexuality*, xxvi (2017). On the significance and extent of married women’s work, see Amy Louise Erickson, ‘Married Women’s Occupations in Eighteenth-Century London’, *Continuity and Change*, xxiii (2008), 267–307; Jane Whittle, ‘Enterprising Widows and Active Wives: Women’s Unpaid Work in the Household Economy of Early Modern England’, *History of the Family*, xix (2014), 283–300; Alexandra Shepard, ‘Crediting Women in the Early Modern English Economy’, *History Workshop Journal*, lxxix (2015), 1–24.

⁷⁰ Elizabeth Kowaleski-Wallace, *Consuming Subjects: Women, Shopping, and Business in the Eighteenth Century* (New York, 1996).

⁷¹ Richard Allestree, *The Ladies Calling* (Oxford, 1673), p. 185. Newcome also regretted that ‘some Ladies shew a greater Fondness toward their Dogs than their Children’, *Compleat Mother*, 54.

⁷² *Ladies Library*, 141.

complained that, in her 'senseless deviation from the paths of nature', the 'fashionable female' preferred the card table to 'infant smiles'.⁷³

Many authors of advice were similarly dismissive of elite women's concerns that breastfeeding would be injurious to their appearance because of the short-term inconveniences of leaky breasts and the longer-term ravages of fatigue. In response, eighteenth-century medical writers placed increasing emphasis on the health benefits to the mother compared with earlier tracts, which focused on the welfare of the child. The French royal physician, Jean Astruc, whose instructions on infant care were available in English translation from 1746, argued that it was actually riskier for a mother to stop up her milk than suckle her child, possibly leading to 'abscesses, schirrhous, and cancerous tumours'.⁷⁴ William Cadogan emphasised the restorative impact of breastfeeding: 'If she be a healthy Woman, it will confirm her Health; if weakly, in most Cases it will restore her'. *The Spectator* similarly argued that it benefited the mother 'who grows stronger by it'; Michael Underwood asserted that it was conducive to 'easy recovery' after birth; and William Moss claimed it could cure nervous and hysterical disorders.⁷⁵ Delicacy, therefore, was no excuse. Indeed, breastfeeding was its remedy according to the apothecary James Nelson who represented maternal feeding as a means of 'improvement' for 'a Class of Women who are lifeless and sluggish'. This 'insipid Race' would be 'enliven'd and animated' with the desire to 'become useful' aroused by the virtues of giving suck and could take pleasure in thereby becoming 'of much more Consequence to Society'.⁷⁶

Advice aimed at elite women increasingly insisted that the satisfaction derived from breastfeeding was more than enough to offset any associated 'pains'. William Cadogan argued that 'there would be much Pleasure in it, to every Woman that can prevail upon herself to give up a little of the Beauty of her Breast to feed her Offspring'.⁷⁷ Advocates of maternal feeding from the later eighteenth century began to insist that breastfeeding was not detrimental to beauty but made a mother more attractive, not least to her own husband. In his frequently reprinted letters on the management of children, addressed to 'ladies', Hugh Smith

⁷³ Lara, *Essay on...Mothers Not Suckling Their Own Children*, 8-9, 21.

⁷⁴ Jean Astruc, *A General and Compleat Treatise on all the Diseases Incident to Children, from their Birth to the Age of Fifteen. With Particular Instructions to Tender Mothers, Prudent Midwives, and Careful Nurses* (London, 1746), 19-20.

⁷⁵ Cadogan, *Essay Upon Nursing and the Management of Children*, p. 25; *Spectator*, no. 246, 12 Dec 1757; Underwood, *Treatise on the Diseases of Children*, p. 215; Moss, *Essay on the Management and Nursing of Children*, 363.

⁷⁶ Nelson, *Essay on the Government of Children*, 61-2.

⁷⁷ Cadogan, *Essay Upon Nursing*, 24.

cautioned mothers that they actually put at risk their beauty as well as their health by ‘repelling their milk immediately after delivery’, and argued that there could be no more ‘exquisitely enchanting object on earth’ to a husband than his ‘tender wife, with a little one at her breast’. Far from sacrificing her sexuality for the needs of her child, the nursing mother was represented as an object of desire, agreeable to the male gaze: nothing would ‘more firmly rivet the pleasing fetters of love’.⁷⁸ Husbands were exhorted to take pleasure in a nursing wife, and mothers were reassured that, when an infant was fed according to the correct rules, there would be no risk of a ‘squalling Brat’ offending her ‘Husband’s Ears’. Instead, the couple were promised the reward of a child that ‘would always be quiet, in good Humour, ever playing, laughing, or sleeping’.⁷⁹ Infant care remained essentially female work in such cameos that were arguably a product of male fantasy: the husband’s pleasure comprised happy observation of maternal intimacy and limited interruption.

Idealisations of the devoted mother with a babe at her breast became commonplace in advice to mothers which increasingly emphasised the associated pleasures and downplayed or dismissed the work involved. The pleasures of breastfeeding were enough to offset the effort. Medical men waxed ever more lyrical on this point over the course of the eighteenth century. ‘Trouble is sweeten’d and rewarded by a Pleasure and Satisfaction not to be conceiv’d’, and the ‘joy’ derived from the smiles and caresses of her infant, opined ‘an Eminent Physician’ in 1729.⁸⁰ According to James Nelson, any ‘Anxiety and Fatigue’ was ‘perhaps fully compensated by the Pleasure’, and the surgeon William Moss urged mothers to be mindful of the ‘infinite and ineffable delights...inseparably connected’ with breastfeeding that outweighed the ‘trouble’ attending it.⁸¹ For Nelson, this pleasure was directly experienced by the mother, rather than simply indirectly derived from witnessing the satisfaction of her child. Breastfeeding produced sensual delights: ‘All Mothers who have experienc’d it...assure us, that there is an inexpressible Pleasure in giving Suck’ which ‘serves as Fuel to keep their fond Breasts in one perpetual Glow’. Suckling proved so rewarding that it not only outweighed any associated troubles, but also provided compensation to women who faced

⁷⁸ Smith, *Letters to Married Women*, p72, 78-9. On the relationship between breastfeeding and maternal sexuality, cf. Ruth Perry, ‘Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England’, *Journal of the History of Sexuality*, ii (1991), 204-34; Doyle, “‘The Highest Pleasure of Which Woman’s Nature is Capable’”.

⁷⁹ Cagodan, *Essay Upon Nursing*, 24.

⁸⁰ *Nurse’s Guide*, 25.

⁸¹ Nelson, *Essay on the Government of Children*, 44; Moss, *Essay on the Management and Nursing of Children*, 363.

‘external Accidents...such as frequent Provocations from a Husband, untoward Children, wasteful Servants, vexatious Law Suits, and many other Evils Life is fraught with’. Inducing a calm mind, breastfeeding was a remedy to ‘counter-poise’ *all* a mother’s troubles, ‘by mingling Pleasure with Pain’.⁸²

Alongside their advocacy of the pleasures associated with maternal feeding, advice writers also offered strategies for limiting the accompanying trouble. Establishing a regular feeding routine was advised during the later eighteenth century to enable the mother’s greatest freedom of movement. Mothers were reassured that they might leave the more tedious aspects of infant care—‘the laborious part of the management of children’—to a servant.⁸³ A mother’s sleep need not be unduly interrupted if she employed a nurse to bring her infant to her and settle it again afterwards, should it require a night feed. The ‘Fashionable Mamma’, represented in glorious attire, breastfeeding her child held in position by a maid, with her coach awaiting to whisk her away, was considered worthy of satire by Gilray in a cartoon parodying maternal love in 1796. Margaret King Moore, directing young women on their children’s education, encouraged nursing mothers that they need not ‘lead the life of a recluse’, arguing that breastfeeding constituted but ‘a little trouble’.⁸⁴

However, by the time Moore was writing in the 1830s, other authors had begun to insist that mothers should give themselves wholly up to the demands of childcare that could only be satisfactorily met by a mother’s ‘natural affection’. Esther Copley, offering ‘affectionate advice to a married daughter’ argued that ‘[a] mother who intends to nurse her child well, must devote herself to it. All visiting and pleasure-taking, that would separate her from it for hours together, must be abandoned’. Copley also advised that it was best for an infant to sleep with its mother than be left with a nurse overnight. Any associated ‘maternal sufferings’ would be more than rewarded with an ‘exquisite gratification’ from ‘the fulfilment of so natural and so delightful a duty’.⁸⁵ Writing some seventy years earlier, in a frequently reprinted tract that remained popular well in to the nineteenth century, William Buchan had similarly argued that the duties of motherhood extended far beyond nursing infants. ‘The business of nursing is by no means confined to giving suck... Numberless other offices are necessary for a child, which the mother ought at least to see done.’ It was not,

⁸² Nelson, *Essay on the Government of Children*, 61.

⁸³ Smith, *Letters to Married Women*, 98.

⁸⁴ Margaret King Moore, *A Grandmother’s Advice to Young Mothers on the Physical Education of Children* (London, 1835), 18.

⁸⁵ Copley, ‘Early Management of Infants’, 139-40.

therefore, sufficient simply to breastfeed and leave the remainder of childcare to a ‘hireling’, and if a mother was indeed too ‘delicate’ to feed her child, she had ‘no better employment’ than to ‘superintend’ the nursery, thereby assuming a ‘most delightful and important office’.⁸⁶

Such prescriptions sought to establish mothers as experts, whose care could not be replicated by any other. Especially if they were well versed in the latest medical advice on child management, their natural affection would ensure a superior form of care. Mothers were encouraged to distrust claims that nurses knew best, and to resist being beguiled by ‘hireling nurses, and those interested to protect them’ who ‘insinuate every objection that can prevent women in the higher classes of society from bestowing the natural nourishment on their children’.⁸⁷ From the later eighteenth century there was no longer any debate about the relative merits of wet-nursing and maternal feeding—the former was represented as a very regrettable last resort. Notwithstanding the army of wet-nurses on whom the London Foundling Hospital and parish authorities relied for the care of orphaned and abandoned infants, whose ministrations were indeed recognised as necessary to secure child-welfare in such cases, wet-nurses were now represented to wealthy women as suspect.⁸⁸ If a wet-nurse was to be deployed by higher-ranking households, it was in the capacity as a household servant who could be closely supervised by the mistress of the house, rather than as a mother in her own right. The nurse’s own infant had been firmly displaced, and she was sought for her young milk rather than any skill born from maternal experience. Indeed, advertisements placed in the London press by wet-nurses seeking employment often emphasised their history of service to other genteel families in order to supply evidence of their ‘undeniable character’ rather than referring to their experience of rearing their own children.⁸⁹ In discussions of the relationship between mother and wet-nurse, only the former was accorded the capacity for ‘true’ maternal feeling, while, at least in the prescriptive domain, the latter was no longer likely to be granted status as a substitute parent.⁹⁰

This shifting construction of the triad of mother, infant, and wet-nurse constituted a firm denial of the possibilities and indeed the potential benefits of more broadly shared

⁸⁶ Buchan, *Domestic Medicine*, 3-4.

⁸⁷ Moore, *Grandmother’s Advice*, 18.

⁸⁸ Fildes, *Wet Nursing*, chs 10-11; Levene, *Childcare, Health and Mortality*.

⁸⁹ *Daily Advertiser*, no. 13299, 6 Aug 1773.

⁹⁰ I plan further exploration of the experiences of mothers who deployed wet-nurses and the wet-nurses themselves, and their understanding of the relationships that bound them, as part of a larger study in progress entitled *Childcare, Family and Economy in Britain, 1650-1850*.

parenting—currently recognised in anthropology and evolutionary biology in terms of ‘pro-parenthood’ and ‘alloparenting’.⁹¹ The relegation of the wet-nurse to a service role, firmly under the supervision of the mother, paradoxically also involved denial of the extent to which childcare represented skilled work. The associated painstaking was increasingly dismissed as either low-level labour that could be delegated to a servant or as entirely secondary to the associated pleasures and delights of maternal nurture.⁹² Medical men claimed expertise rooted in scientific observation, while simultaneously advising mothers that their ‘natural affection’ was the sole guarantor of infant well-being. Childcare flowed from love, which discounted it as a form of work. Indeed, childcare was polluted when performed by ‘hirelings’ in return for a wage; it should instead be motivated by the priceless impulse of a mother’s love. The ‘tender solitudes of maternal affection’ could not be purchased.⁹³ It is perhaps not co-incidental that such ideas emerged as the notion of ‘rational man’ began its ascent to the heart of economic theory, also involving the narrowing of concepts of work and utility to their market value.

The elevation of maternal feeling in sentimental models of motherhood that rose to dominance from the mid-eighteenth century—so often celebrated by historians of the family either as a triumph of modern sensibilities or as the reformulation of a laudable universal constant—was not, therefore, without major contradictions and, it might be argued, some drawbacks.⁹⁴ The privatisation of care within the family was privileged above community provision. The pleasures of motherhood were implicitly reserved for refined and genteel ladies, and their celebration involved the delineation of ‘emotional communities’ that were beyond the capacities of poorer women who were represented as time-bound, dirty, ignorant and vulgar. Indeed, William Buchan argued that poverty overcame ‘natural affection’, stating that many poor parents were in fact ‘very happy’ when their offspring died.⁹⁵ This represented an extreme contrast to the *completion* of ‘the mother’s happiness’ which William

⁹¹ Goody, ‘Forms of Pro-parenthood’, 244. See also Esther Goody, ‘Sharing and Transferring Components of Parenthood: The West African Case’, in Corbier (ed.), *Adoption et fosterage* (Paris, 1999); Hrdy, *Mother Nature*; eadem, *Mothers and Others*; Kendall-Tackett, ‘Social Connectedness Versus Mothers on Their Own’. Cf. psychoanalytical assessments which highlight the ‘trauma’ associated with the split attachment to mother and wet-nurse: Coles, *Shadow of the Second Mother*.

⁹² On the drudgery associated with infant care, often delegated to a maid of all work, see Carolyn Steedman, *Labours Lost: Domestic Service and the Making of Modern England* (Cambridge, 2009), ch. 8.

⁹³ Lara, *Essay on...Mothers Not Suckling Their Own Children*, 22.

⁹⁴ Cf. Stone, *Family, Sex and Marriage*; Pollock, *Forgotten Children*. See also Joanne Bailey, *Parenting in England 1760-1830: Emotion, Identity, and Generation* (Oxford, 2012).

⁹⁵ Buchan, *Domestic Medicine*, p. 30. On the prejudices faced by poorer parents, see Patricia Crawford, *Parents of Poor Children in England, 1580-1800* (Oxford, 2010).

Moss imagined a nursing mother might derive from ‘the pleasing duty of supporting her own lovely offspring, with satisfaction and delight to herself, and singular advantage to the sweet innocent’.⁹⁶ In addition, a mother’s natural affection was without price, and could not be substituted. The care that stemmed from it was not work, but duty. Its reward was pleasure, not pecuniary, and its provision by a surrogate was less likely to be repaid with either professional recognition or third parent status. The celebration of the maternal ideal, linked to broader assertions about the essential, universal differences between women and men, nonetheless embedded social prejudices which meant it was increasingly unimaginable for genteel women to believe that a lower ranking substitute might share their maternal capacities and interests. Emotional finesse trumped robust good health and experience. The ‘fine Lady’ was exhorted to ‘stoop to this Part of domestic Care’, and act ‘the Part of a good Nurse’, not because the role was beneath them, but because the women who might otherwise perform it were.⁹⁷ The eighteenth-century celebration of the pleasures of breastfeeding was therefore predicated on discounting its associated pains, of others as well as of those mothers who were flattered and cajoled with the celebration of their innately superior nurturing capacities.

⁹⁶ Moss, *Essay on the Management and Nursing of Children*, 371.

⁹⁷ Nelson, *Essay on the Government of Children*, 46.